

Spring 2019 Registration Form

√Please refer to all registration information in the brochure!

* REGISTRATION NOW OPEN!

Name:		_Address:	
City:	Zip:	Date of birth	//
Parent/Guardian: (H)	(Cell)	(W)	Age
Wheelchair Accommodations:	YesNo		
Email Address:			
Vouth Dromana			
Youth Programs: Programs	Aide Parti	<u>cipation</u>	Program Cost
Programs Kids Night Out		No Aide Fee: N	
School's Out "Spring Break"	Yes	No Aide Fee: N	J/A \$ 20.00
*Participants with ai	des, advanced pay	ment will be required fo	r outings/tickets.
	Please include	this in your total. TO	TAL:
Please Note: Our Youth Pr			_

Please Note: Our Youth Program is constantly changing in order to provide the most appropriate activities and programs for our participants and their enjoyment. We are looking to add a few "POP-UP" programs throughout the Session and will be sending these out through E-mail. Please make sure that we have your current email address. You won't want to miss out on these exciting opportunities!!

Return with payment to: Little Rock Parks and Recreation Therapeutic Recreation Division 7201 Dahlia Drive Little Rock, AR 72209